DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BURKWOOD INC (0009369)

Address: 615 OLD MILL ROAD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 02/01/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093891 End Date: 01/03/2005 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093339 End Date: 09/14/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006381 Served 09/27/2004

<u>Compliance</u>

Deficiencies Cited Subject Area 83.41(1)(b)1 CAPACITY

83.42(3)(f) SLEEPING HOURS EVACUATION DRILL

<u>Verified</u> <u>Corrected</u>